

BEYOND BOW & WOT

Shotgun Clinic

Day 1: Tuesday, May 3, 2011 6:00 PM – 9:00 PM

Day 2: Tuesday, May 10, 2011 6:00 PM – 9:00 PM

Day 3: Thursday, May 12, 2011 6:00 PM – 9:00 PM

FAIRBANKS TRAP CLUB, FAIRBANKS, ALASKA



Beyond BOW and Women On Target (WOT) in cooperation with the Fairbanks Trap Club present a Shotgun Clinic!

- **Learn shotgun skills.**
- **Learn techniques to shoot at moving clay targets.**
- **Become familiar with the Fairbanks Trap Club.**

CLASS LOCATION:

- **Fairbanks Trap Club**
1150 Old Steese Hwy

COST: \$100 per person

- **Includes instruction, shotgun use, ammunition, class materials, safety equipment, and range time.**



**For More Information
Please Contact:**

Laurie Boeck
(907) 459-7223
laurie.boeck@alaska.gov

PREREQUISITES:

- **Attended a BOW Firearm Safety Class, possess a Hunter Education Certificate, NRA Certificate, or 4H Firearm Safety.**

CLINIC NOTES:

- **This class is outdoors so please dress in appropriate attire.**
- **You may bring your own shotgun which MUST be UNLOADED and in a case.**
- **You may also bring your own eye and ear protection.**
- **Days 1 & 2: Introduction, instruction, and shooting with the Club to yourselves.**
- **Day 3: More shooting during a regular Club open shooting night.**

REGISTRATION:

To register for this class please download the registration form:
<http://www.adfg.alaska.gov/index.cfm?adfg=outdoorededucation.bowschedule>

—Registration is limited to 20 participants —





REGISTRATION FORM BEYOND BOW – SHOTGUN CLINIC

May 3, 10, & 12, 2011 6:00 PM – 9:00 PM

Only one person may register per form. Please photocopy for additional registrations.

Class Fee is \$100

Name _____

Mailing Address _____

City / State / Zip _____

Phone Day _____ Phone Night _____

Email _____

Firearms Safety Class/Certification _____

Method of Payment: (Please check one option)

1) Check/Money Order: _____ Payable to: Outdoor Heritage Foundation of Alaska or OHFA

2) Credit Card: ___Master Card ___Visa Charged by: Outdoor Heritage Foundation of Alaska

Name on Card _____

Card # _____ / _____ / _____

CVC (3-digit code) _____ EXP Date _____

Signature _____

Emergency Contact: _____

Phone number for that person on May 3, 10, & 12, 2011: _____

If you have any medical conditions, allergies, food requirements, etc., please explain: _____

Refund Policy! Read Carefully. When you sign your registration form, you are agreeing to these terms.

If you cancel 14-30 days prior to the event, you will be refunded 50% of the class fee.

If you cancel less than 14 days prior to the class, no refund will be issued.

PLEASE NOTE: If minimum class size is not met 5 days prior to the event, the class will be cancelled (at no cost)

Waiver and Release Form

All participants must sign this release. I hereby consent to receive medical treatment which may be deemed advisable in the event of injury or illness during this activity. I acknowledge there are risks of physical injury or illness during this activity. I acknowledge there are risks of physical injury to Becoming an Outdoors-Woman participants and I agree to assume the full risk or any injuries, damages or loss, regardless of severity, which I may sustain as a result of participating in activities connected or associated with this program. I waive and relinquish all claims that I, my insurer or my family may have against Becoming an Outdoors-Woman and its officers, agents, servants and employees from claims from injuries, damages, or loss which I may have or which accrue to me on account of my participation in the above program. Applicant is at least 12 years of age (or will be prior to May 3, 2011).

Signature (Guardian) _____ Date _____

Photo Release

Participants understand that photographs may be taken during the sessions and may be used in future support of the Becoming an Outdoors-Woman Program.

Signature (Guardian) _____ Date _____

Please complete and submit registration forms with payment to the following:

For check payment, mail to: Laurie Boeck/ADFG/DWC/BOW

1300 College Road Fairbanks, AK 99701

For credit card payment mail or fax to: Laurie Boeck (907) 459-7332